

**New Jersey Department of Health and Senior Services
Division of AIDS Prevention and Control
Counseling and Testing Case Management Program**

DATA PROTOCOL CHART REVIEW

1	2	3	4	5	6	7	8	9	10	
										1. Initial CTS Scannable Form
										2. Signed HIV Antibody Test Consent Form
										3. Copy of HIV Counseling and Testing Intake Record
										4. Risk Reduction Plan
										5. Progress/Observation Notes
										6. Copy of HIV Test Results
										7. Copy of Case Management Intake/Update Record
										8. Copy of Case Management Monitoring Record
										9a. Client Documentation to include: Client's HIV Status;
										b. Client Not Returning for HIV Post Test Results Counseling;
										c. Date Referred to NAP if HIV+
										d. Number of Contacts Elicited and Date Referred to NAP
										10. HIV/AIDS Confidential Report Form (if applicable)
										11. Copy of Records Release Form (if applicable)
										12. Additional CTS Scannable Forms (if applicable)
										13.
										14.

Agency Name/Site Number: _____

Reviewer: _____ Date: _____

CATSU-00